

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	CH	1119	11/31/12
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	11/16/12
2	0		
3	✓		
4	✓		
5	0		
6	✓		
7	0		
8	0		
9	✓		
10	✓		
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12	0		
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If more than 150 claims or 10 actions  
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BEST AVAILABLE COPY

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